

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10597519

FILING DATE

7-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1					
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1					
11	1					
12	1					
13	1					
14	1					
15	1		1			
16	1					
17	1					
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1					
27	1					
28	1					
29	1					
30	1					
31	17					
32	13					
33	①					
34	17					
35	13					
36	①					
37		1				
38		1				
39						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	4	↓		↓
TOTAL DEP.	90	←	15	←		←
TOTAL CLAIMS	92		19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						